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ATTE OF	Application Number	10/706,243				
TRANSMITTAL	Filing Date	November 12, 2003				
FORM	First Named Inventor	Robert Feldstein				
	Art Unit	1616				
(to be used for all correspondence after initial filing)	Examiner Name	Konata M. George				

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Date		October 31, 2007	,		Reg.	No.	48,73	1	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Robert S. Feldstein, Huiling Lian, Christopher A. Rhodes, Gregory S. Chen, and

Solomon Steiner

Serial No.: 10/706,243 Art Unit: 1616

Filed: November 12, 2003 Examiner: George, Konata M.

For: METHOD FOR DRUG DELIVERY TO THE PULMONARY SYSTEM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

11/05/2007 HDEMESS1 00000026 503129 10706243 01 FC:1806 Sir: 180.00 DA

Pursuant to 37 C.F.R. §1.56 and 37 C.F.R. §1.97, Applicants submit an Information

Disclosure Statement, including ten (10) pages of Form PTO-1449 and copies of the seventy-five

(75) documents cited therein. Pursuant to the waiver in the notice entitled "Information

Disclosure Statements May Be Filed Without Copies of U.S. Patents and Published Applications in Patent Applications Filed After June 30, 2003" published on August 5, 2003 in 1273 OG 55, copies of U.S. Patents and Published Applications are not enclosed. Copies will be provided upon request, however.

This Supplemental Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(c) after a first Office Action on the merits. A Request for Continued Examination is being filed electronically in this application on this date, October 31, 2007. The Commissioner is authorized to charge \$180.00, the fee set forth under 37 C.F.R. § 1.17(p), to Account No. 50-

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

3129. It is believed that no additional fee is required with this submission. However, should an additional fee be required, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-3129.

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Remarks

This statement should not be interpreted as a representation that an exhaustive search has been conducted or that no better art exists. Moreover, Applicants invite the Examiner to make an independent evaluation of the cited art to determine its relevance to the subject matter of the present application. Applicants are of the opinion that their claims patentably distinguish over the art referred to herein, either alone or in combination.

Respectfully submitted,

Rivka D. Monheit

Reg. No. 48,731

Dated: October 31, 2007

PABST PATENT GROUP LLP 400 Colony Square, Suite 1200 1201 Peachtree Street Atlanta, Georgia 30361 (404) 879-2151 (Telephone) (404) 879-2160 (Fax)

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	1,47	7.00.00	Attorney Docket No.	PDT 103 CON (3)	
TOTAL AMOUNT OF PAYMEN	· (\$)	180.00	Attornous Dookst No.	DDT 402 CON (0)	
			Art Unit	1616	
Applicant claims small entity	status S	See 37 CFR 1 27	Examiner Name	Konata M. George	
For F	Y 20	07	First Named Inventor	Robert Feldstein	
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METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEAI	FILING	FEES Smail Entity	SEAR	CH FEES Small Entity		ATION FEES Small Entity	
<u>Application Type</u> Utility	Fee (\$) 300	Fee (\$)	Fee (\$)	1-0 (0)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Design	200	150	500	250	200	100	
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)							
HP = highest number of total indep. Claims - 3 or HP =	Extra Clair	<u>ms Fee (</u> \$ x	<u>Fee</u>	Paid (\$)		<u>Fee (\$)</u>	Fee Pald (\$)
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specific	cation, \$1	30 fee (no sm				·	Fees Paid (\$)
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SUBMITTED BY			
Signature	Rwha D. Monheed	Registration No. (Attorney/Agent) 48,731	Telephone 404-879-2152
Name (Print/Type)	Rivka D. Monheit		Date Octobe 3. 2007

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